



Where families live and play by the bay!

**Bay County Summer Recreation Program
Program Participants Ages 5 – 12
Child Information Record 2013**

Dear Parent/Guardian,

DATE: _____

We welcome your child's application for the Summer Recreation Program. This program is intended for children who are between the ages of 5 – 12 as of June 17th, 2013. **A birth certificate is required for proof of age. No child older than 12 years of age will be admitted into the program.**

The registration fee of \$100.00 per child, is due before the child can be allowed to attend.

Last: _____ First: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

School Attending: _____ 2012/2013 Grade: _____

Age: _____ Birth Date: _____ Number of persons in your family: _____

Father's/Legal Guardian's Name

Mother's/Legal Guardian's Name

Home Address (If different than child's)

Home Address (If different than child's)

City/State/Zip

City/State/Zip

Home/Cell#

Home/Cell#

Email Add

Email Add

Employer/School Name

Employer/School Name

Address (Employer/School)

Address (Employer/School)

City/State/Zip

City/State/Zip

Employer/School Phone

Employer/School Phone

EMERGENCY CONTACTS

Name _____ Relation to Child _____ Phone _____

Name _____ Relation to Child _____ Phone _____

Name(s) of person other than parent or legal guardian to whom the child may be released:

Name _____ Phone _____

Name _____ Phone _____

My Child has permission to walk home from the program: YES _____ NO _____

My Child _____ is in good health and free from communicable diseases: YES ___ NO ___

If no, please explain any medical/physical problems or activity restrictions: _____

Signature of Parent or Guardian

Date

Please Initial one:

_____ **I do give** permission to **Bay County Recreation Program** to secure emergency medical and/or emergency surgical treatment to the above named minor child while in care.

_____ **I do not give** permission to **Bay County Recreation Program** to secure emergency medical and/or emergency surgical treatment to the above named minor child while in care.

Signature of Parent or Guardian

Date

Child's Physician or Health Clinic Name _____ Phone _____

Address _____ City _____ Zip _____

Hospital Preferred for Emergency Treatment _____

Health Insurance Policy Name and Number _____

Allergies, if any _____ Date of last Tetanus shot _____

I hereby give my permission to the **Bay County Recreation Program** for my child to be transported in a vehicle and/or participate in field trips.

Signature of Parent or Guardian

Date

I hereby give my permission to the **Bay County Recreation Program** for my child to participate in swimming/pool activities.

Signature of Parent or Guardian

Date